

State of Maine Department of Professional & Financial Regulation Office of Professional & Occupational Regulation

INDIVIDUAL LICENSE APPLICATION

OUL IV						
	APPLICANT INFO	RMATION	(please print)			
FULL LEGAL NAME:						
FIRST MI	DDLE INITIAL	LAST				
ANY OTHER NAMES E	VER USED:					
DATE OF BIRTH		SOCIAL SECURITY NUMBER				
mm / dd / yyyy			-	-		
MAILING ADDRESS						
CITY	OTT A TITE	711		COLDITAL		
CITY	STATE	ZII	,	COUNTY		
PHONE #	FAX #		E-MAIL			
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	Board of Occupat	tional The	rany Practic	P.P.		
	Doard of Occupat		rapy rracin			
LI	CENSE TYPE:					
		Office Use Only: 1421 - \$35.00	Office Use Only: Check #			
temporary to permanent licensure)(\$35.00 only) (OT1421) Temp lic #		2619 - \$21.00				
				Amount:		
	THERAPIST (Pathway 2)(\$5 Fees: \$56.00 (includes crimin			Cash #		
history records chec	ui		Lic. #			
PAYMENT OPTIONS: REV. 020602						
Make checks payable to	"Maine State Treasurer" – if			oit card, fill out the following:		
NAME OF CARDHOLDER	R (please print)					
ADDRESS OF CARDHO	DLDER (please print)					
I d ! d D	. CD C ' 1 1E' '	1D 1	OCC CD C	. 100		
	nt of Professional and Financia card the following amount: \$		Office of Profess	ional & Occupational		
	Gees are non-refundable					
Card number: Expiration Date						
OLONIA PERSON			A FEDER	/		
SIGNATURE		D	ATE			

Frequently Asked Questions:

- Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- Where are you located? 76 Northern Avenue, Gardiner, Maine.
- What hours are you open? Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- Can I come to Gardiner to drop off my application? No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333
- Can I come to Gardiner to pick up my license? No. Your license will be emailed to you.

What if I have other questions? Visit our website at: http://www.maine.gov/pfr/professionallicensing/professions/occupational/ or contact the office at Tel. 207-624-8603 or e-mail: http://www.maine.gov/pfr/professionallicensing/professionallicensing/professions/occupational/ or contact the office at Tel. 207-624-8603 or e-mail: http://www.maine.gov/pfr/professionallicensing/

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

National Board for Certification in Occupational Therapy (NBCOT) Examination							
Have you passo	[] YES [] NO						
Credentialing History							
Have you ever other state/cour	[]YES []NO						
Has any jurisdi you hold or hav	[]YES []NO						
If yes:							
Profession	License #	State/ Country	Date Issued	Expiration Date	Has this license been the subject of discipline or been denied? Yes or No		
				•			
Background Check Notice							
Pursuant to 5 MRS §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.							
Affirmation							
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.							
SIGNATURE: DATE:							

Please read the laws governing the licensure and practice of occupational therapy prior to submitting your application. These are available at the following website:

http://www.maine.gov/pfr/professionallicensing/professions/occupational/laws.htm

Licensure as an Occupational Therapist

There are two (2) pathways to licensure as an occupational therapist.

Pathway 1 – Change of status from temporary to permanent licensure:

- Payment of \$35.00 license fee;
- Official Transcript; if not previously submitted;
- Official score report from NBCOT (only for applicants applying within 3 months of having passed the exam) **or** official verification of certification form from NBCOT;
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 5).

Pathway 2 – Standard or licensed in other state or country:

- Payment of \$35.00 license fee;
- Payment of \$21.00 criminal history records check fee;
- Official Transcript;
- Official verification of certification form from NBCOT;
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 5).

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VERIFICATION OF LICENSURE

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

Name of State providing the License Verification

Your name

License number and expiration date

Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked

Type of license issued to you

Date your license was issued

Disciplinary action(s) against your license, if any

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address, date the License Verification was printed, and any indication of disciplinary history, e.g. no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.

A copy of your license is not acceptable as a license verification.

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